STUDY OF ALCOHOLISM WITH ONSET FORTY-FIVE YEARS OR OLDER*

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OVER the years a number of studies have been made at the New York Hospital-Westchester Division on patients who have been admitted with the problem of alcoholism The average age of these patients at the time of admission was in the fourth decade. Wall, in his study of alcoholism in women, found that those who began their excessive drinking in the third and fourth decades of life showed a period of moderate social type of drinking preceding the onset. In this particular group he noted such etiological factors as incompatibility in marriage, guilt and conflict over an extra-marital affair, jealousy, childbirth, physical disease, and deaths of relatives. He noted that five patients who began to drink after age 40, were passing through the menopause. These findings suggest the need to attempt to distinguish between the person who in the first three decades is able to lead a successful life with considerable alcoholic consumption and the one whose drinking becomes a problem in later life.

Between 1939 and 1953, a 15-year period, 61 hospitalized patients were studied, both male and female, in whom drinking posed a problem serious enough to compromise their adjustment to life at 45 years of age, or older. This study concerns itself with these 61 patients. There were 41 men and 20 women. Their average age at the time of admission was 55. The diagnoses were as follows:

	Male	*Female*	*Male & Female*
Without Mental Disorder: Alcoholism	33	11	44
With Alcoholic Psychosis:			
Delirium Tremens	5	3	8
Acute Hallucinosis	0	2	2
Acute Paranoid Type	1	0	1
Alcoholic Deterioration	1	3	4
Korsakoff's	1	1	2
TOTALS	41	20	61

* Presented at the *Residents' Meeting* at a combined meeting of the Section on Neurology and Psychiatry with the New York Neurological Society, at The New York Academy of Medicine, May 14, 1957.

It is of interest to note that almost 50 per cent of the 20 women had alcoholic psychosis which is double that of the male group.

Forty-seven of these patients came to the hospital of their own volition and either petitioned for certification by the court as inebriates for a period of care and treatment of from six months to a year, or were admitted on their voluntary application. In the remaining 14 patients the presence of mental illness of psychotic proportions required that they be admitted on court certification or on a physician's certificate. Four patients elected to follow the advice of the staff and stay on as voluntary patients after either their inebriate certification or court certification had expired. The average duration of hospitalization in the whole group was a little less than six months. It is of interest that those patients who were admitted on a voluntary application stayed only an average of three months, and none of these patients has been found in the abstinent group on the follow-up. Fifty-six patients had only one admission, and five required two admissions because of return of their problem shortly after leaving the hospital. The average duration of hospitalization of the 11 patients who became abstinent was nine months.

A review of the family background in these cases was of significance. Forty-four cases were positive for alcoholism, mental disorder, suicides or attempted suicides, in the patient's generation or the two previous generations. There were two suicides and two attempts at suicide. It is of interest to note that there were ten instances of spontaneous abstinence without treatment. Two of the 11 patients in this study, who became abstinent, had this occur in their ancestry. Five of these 11 had negative family histories.

There were a number of significant factors in the early life of these patients. There were 15 instances of broken homes, usually due to the death of a parent, divorce, or separation. In eight instances the patient was an only child. Over-attachment to the parent occurred in 24 instances, the majority being in the patient-mother relationship. There were three or more siblings in 43 cases. Of the 11 patients who went on to become abstinent, only one was an only child, and the others had anywhere from two to 11 siblings. Also, five of the abstinent group came from what were described as abstinent, temperate, or puritanical homes.

From the intellectual standpoint, these patients represented an above-

average group. Sixteen had completed high school and another 15 had completed part of college. There were seven college graduates and ten had finished professional schools. Only five claimed no occupation—this was exclusive of the female group, the great majority of whom were housewives. Fourteen were, or had been, associated with various professions, and 23 were in business activities. There was one farmer. One of the group of men had retired.

Reported religious affiliations indicated that 41 were Protestant, 16 Roman Catholics, three Hebrew and one unknown. At the time of admission four had remained single, 34 had been married once, eight had been married but were now separated or divorced, ten had married two or more times, and seven were widowed. The average age of the first marriage in the male group was 31 years, in the female, 26 years. There were 17 childless marriages and 28 with two or more children. Only 11 marriages were reported as happy, with a satisfactory sexual adjustment in six. Low sex interest, shyness, extra-marital affairs, impotence, frigidity, demanding spouse, were reported 28 times.

Constitutionally there were 27 of pyknic habitus, 15 of asthenic habitus, 15 of athletic habitus, and two of dysplastic habitus. One was described only as obese. There were a multiplicity of physical abnormalities with tremor, liver enlargement, hypertension, poor oral hygiene, malnutrition, and evidence of arteriosclerosis predominating. In eight there was laboratory evidence of liver dysfunction. There were three abnormal EKG's, two abnormal EEG's, and one positive Kline reaction.

In 20 of the patients, drugs had been used in various amounts along with the alcohol and for the after effects of alcohol. The drugs most frequently listed were barbiturates and bromides.

Four patients had attempted suicide prior to admission to the hospital. One consciously recognized that he was using alcohol for this purpose.

Eight patients began to drink for the first time between the ages of 40 and 50; 38 between 20 and 39; four during adolescence, and one before the age of ten. In the case of the men the average age of onset was 27 years, and among the women it was 36, giving a mean average of 30 years. The mean average age when drinking became a problem, and interfered with their life adjustment, was between 49 and 50 in both the male and female groups. Thus, there was a 19-year span

between the onset of drinking and the time when it became a problem.

The basic drinking pattern, prior to the onset of alcoholism, fell into a number of fairly well-defined groups. Fifteen cases could be categorized as periodic excessive drinking, 13 as heavy social, 16 as moderate social, and five as light social drinking. Four drank specifically for energy, or because of fatigue, insomnia, or stress. One had been opposed to drinking, one drank "little if any", and two had had long periods of abstinence.

The amount and character of drinking, after alcohol had become a problem, was found to be rather ill-defined. The patients tended to minimize the amount and the relatives were inaccurate because much of the patient's drinking was solitary. Nevertheless, in 45 patients, the amount varied between one pint to over one quart of hard liquor in a 24-hour period. The character of the drinking included sprees, steady, morning, evening only, and solitary. In the majority of the cases susceptibility to alcohol increased once alcohol had become a problem. Eating habits were reported as poor in 24 patients, with no data in 32 of the 61 cases under study.

As in other studies of alcoholism done at this hospital, no typical personality make-up was found. Family over-attachments involving mother, father, siblings, or spouse were reported 38 times. The group in the study that did well exhibited the same wide variety of personality traits, but as a group showed better personality organization, less rigidity, and more energy.

The reasons for drinking, as stated by the patients, could be grouped into endogenous and exogenous factors. As Prout found to be true in his recent study entitled, "Current Issues in Addiction Research", this group of patients presented a number of descriptive terms which could be considered as endogenous factors, and their drinking produced either relief of certain unpleasant feelings, or contributed new and pleasant feelings.

The patients gave a variety of exogenous factors as reasons for their drinking, but these were usually accompanied by endogenous factors. In their order of frequency: job dissatisfaction, including semi-retirement and retirement; death, loss or threat of loss of a member of the family or a loved one, including separation and divorce; dissatisfaction with parents, in-laws, siblings or children; physical disability; menopause; nervous parents; and social or business influences. In analyzing

the records of the patients it was obvious that the informants placed a greater emphasis on the exogenous etiological factors. The order of frequency paralleled what the patient said, but greater emphasis was placed on physical disability, aging, and involutional factors. The increased ability of the abstinent follow-up group to manage the exogenous factors seemed to be important in their making satisfactory progress.

In a study of the mental status examination, at the time of admission, findings in the non-psychotic group in their order of frequency were: a marked tendency to minimize drinking as a problem; a combination of a critical attitude, irritability and defensiveness; hostility toward members of the family; guilt over drinking; and depression of mood. In 12 cases there was a definite sensorium defect, and in 11 instances there was a marked depressive trend. In the psychotic group where there were delusions, hallucinations and marked organicity, there were productions such as a wish to die, fears of aging and loss of spouse, and confusion between brother and husband which ultimately proved helpful in understanding some of the patient's problems.

Psychological studies were done on a little over half of the patients in this study. The mean I.Q. obtained was 116. Organicity of varying degrees was found in 21 patients shortly after admission. Several patients with organicity at the time of admission were subsequently tested and showed lessening of organicity as hospitalization progressed. As far as the personality was concerned, no one type was seen. Common finding was a level of immaturity for their years, often associated with sensitivity, irritability, and self-centered ways. Some of this group were depressed and fearful, more like other patients of their age. Others showed a wilfulness, hostility and stubbornness more characteristic of younger patients, possibly of psychopaths. There were others who seemed to have reacted to fear and loneliness and were struggling with their religious beliefs, concern over their physical health, etcetera, which is similar to the concerns of the involutional period. The most frequent tests used in the psychological studies were the Rorschach, the Wechsler-Bellevue, the Minnesota Multiphasic Personality Test, and the TAT.

Predominant behavior reaction to the controlled situation that the patients found in the hospital fell rather neatly into two types. Thirty-five of the patients were acceptant, cooperative and at ease; 18 were rebellious, critical, restless, and irritable throughout their hospitalization.

The majority of patients who went on to become abstinent fell in the passive group.

In 13 of the patients there occurred a significant change in their life situation, on leaving the hospital, which led to greater security. Such changes were: separation from spouse, living with a companion or compatible relative, reduction in work responsibility, remarriage, broadening of interest, and a move to an area of less social pressure. In eight of the 11 patients who became abstinent, there were such changes.

A follow-up study was done on these 61 cases. The results have been statistically classified as follows:

	Male & Female
Abstinent	11
Managed better	16
Died during hospitalization	3
No change	19
No follow-up	12
	61

The average age of the abstinent group was 56, and the span of follow-up was from 2 years to 12½ years, for an average duration of follow-up of 6.2 years.

Two patients, after having abstained for seven and six years, respectively, died of heart attacks. Of the remaining group 14 patients died: four from heart attacks; three deaths were associated with alcohol; two died of pneumonia; one of a bleeding gastric ulcer; one of suicide; and in three the cause of death was unknown.

As far as care and treatment of the alcoholic patient are concerned, experience has shown that the patient requires a prolonged period of abstinence and re-education. At the New York Hospital-Westchester Division a period of 12 or six months' hospitalization is recommended. It is required that the patient, in a sober condition, petition for his own certification on an "Inebriate Certification" form. Within the first few days he is examined by two physicians not associated with the hospital, and they certify that he is an inebriate and a proper subject for treatment. The patient is then certified to our care by a judge of a court of record. In some instances the patient is accepted on a voluntary application, but this has been found to be unsuccessful as voluntary patients usually leave before much has been accomplished, and the dis-

couraging effect of another failure adds to the burden of the patient and his family. Immediately upon admission all alcohol is withdrawn. The patient receives a thorough physical and neurological examination. Complete laboratory studies are done. Any physical illnesses are treated as they appear. The psychotic alcoholic who is usually depleted physically, is treated vigorously with the usual appropriate measures including vitamins and insulin and glucose. The alcoholic patient is given a nutritious and vitamin-rich diet. Hydrotherapy and massage are found particularly helpful in reducing the patient's restlessness and tensions. Within a few days the patient is on a well-planned program of occupational therapy and recreational and social activities. The patient is assigned to a physician who plans and carries out psychotherapy, as well as supervising his daily activities. Once the physician has the confidence of the patient an effort is made to help him put aside his many defensive mechanisms and face his underlying, rather tragic personality structure. He must be taught to appreciate that he cannot drink again. After a period of time in the hospital the basic personality structure of the patient begins to appear. In some it appears that the patient's compulsive drinking was a reaction to a difficult life situation. In these individuals a shorter period of re-education is all that is necessary. They are encouraged to assume a normal life sooner than those with more involved inner problems. Frequently the individual has the neurotic problem of tension and anxiety, and has been drinking to escape the associated feelings. The person may be shy, sensitive, or schizoid, or the psychopathic type who is boastful, argumentative, and aggressive. Another group seen more frequently with the increased span of life of today, are those developing cerebral arteriosclerosis with the inebriety associated with this clinical picture.

As the patients progress through the hospital they are gradually given increased responsibility and freedom. At first they are likely to be too ambitious and show poor planning in their activities, and inclined to be irritable with supervision. During the last weeks of treatment they are encouraged to visit their homes and resume work. If there are difficulties in their life situation they are encouraged to remain on in the hospital until these have been worked out. Social service contacts with the patient or the families have been of great help in working these problems through. If the patient desires to remain longer than his six months' or year's certification, he may be readmitted as a voluntary

patient upon the expiration of the inebriate commitment. The transition period from the hospital to home or work offers an opportunity for effective psychotherapy. The patient is encouraged, toward the end of his hospitalization, to make contacts with Alcoholics Anonymous, if this is deemed advisable. Many of the patients, even after leaving the hospital, continue to see their physician.

A brief abstract of a case history will aid in illustrating some of the above findings:

Case of Mrs. J. B. G.: Of English-Scotch and Irish Roman Catholic stock, Mrs. G. was admitted to the hospital at age 59 on her own petition for inebriate certification, in which she stated that she had been drinking to excess for a nine-year period following her husband's death, because she was depressed, had no outlook on life, and one sickness after another. She said she got into the habit, which seemed to help at first, and then, after a time, it hurt her more than it helped her. Her father had been a heavy spree drinker and during one of these episodes made a homicidal attack on his wife, following which he was sent to prison for five years. During middle age he became overly religious and remained abstinent until his death in his 80s. A sister had a psychotic depression. The patient was the 5th of 7 siblings and said to have been her father's favorite. She attended parochial schools and graduated, at 22 years of age, as a registered nurse. She practiced nursing in her home town, and at 30 years of age married the son of one of her patients, a man a good many years her senior. At 33 years of age, after a complicated labor, her only child was born by caesarian section. The patient was extroverted, energetic, and made a good adjustment as a trained nurse and later as a wife and mother. She was a respected leader in many community activities. However, she tended to lean heavily on her husband, who took the responsibility for many of the more practical details of their lives. When she was 43 her husband developed heart trouble and she nursed him through several illnesses prior to his death, when she was 49. She did not show any emotion following his death and kept up for her son's sake. She did not fully realize her loss until her son had left for school, leaving her alone. Except for a number of abdominal operations for adhesions and a hysterectomy, attacks of sinusitis, and several asthmatic attacks early in her marriage, her physical health had been excellent.

After her husband's death she was lonely and began to drink to keep her spirits up. She spent many hours in bed in the morning, and over the next several years her drinking increased and extended throughout the day to the point of stupor in the evenings. When intoxicated she would get sentimental and frequently cry. The only people in the home were servants, with an occasional visit from her son who was away at school.

When she was 57 her son entered the army and this was an added blow to her. It was around this time that she fell and fractured several vertebrae while

intoxicated. During her hospitalization she developed delirium tremens. Shortly before admission to the hospital her condition resulted in her son's release from the army, and on his return he found her depressed and irritable, drinking up to a quart of whiskey daily. Her son's threats to leave the home precipitated her hospitalization. Mental status on admission showed her to be emotionally labile with her spontaneous productions and associations connected with her dead husband and her married son. She admitted to difficulty with drinking and reasoned that it resulted from her loneliness after her husband's death. She said that she drank to get a lift and to forget the past. She exhibited anxiety and mild hypochondriasis. Her sensorium was intact. She displayed good insight into the fact that she needed treatment for her drinking, but her judgment seemed swayed by sentimentality. Physical examination, following admission, revealed her to be obese and of pyknic habitus. There were two surgical scars of the abdomen, osteo-arthritis of the hands, and liver enlargement. The laboratory studies and x-rays were negative, except for a mild anemia. She adjusted quickly, comfortably, and cooperatively to the hospital. She soon was able to engage in a full program of activities. During her third month she was moved to an open, convalescent hall and began to visit out for short periods of time with her friends and son. She gained a sense of security from her hospitalization, particularly from the companionship and the routine of the activities. She had an episode of sinusitis and some stiffness of her knees, which were treated symptomatically and improved rapidly. She spent several weeks with her son and found this unsatisfactory to both of them. At the end of her inebriate certification of six months she had not worked out her future and she was readmitted to the hospital on voluntary status. When threatened with separation from her son she began to express some fears of loneliness, but gradually accepted separation, and saw her son's need for emancipation. She accepted the idea of a companion and a suitable arrangement was worked out for her. She was able to leave after 14 months in the hospital. Periodic follow-up reports from the son indicate that she has been totally abstinent since discharge. The most recent report, eight years after discharge, indicates that she is bothered with periodic intestinal upsets and arthritis, but is living with a housekeeper and able to drive her own car.

Discussion

Little can be concluded from the data presented. However, the study suggests that alcoholism is as malignant a disorder in the older age group as in the younger. In studies previously done at this hospital, in which the average age when drinking became a serious problem was approximately 35 years, there was a recovery or abstinent rate of 25 per cent as compared with 18 per cent in this study. The same hereditary and environmental factors were similar in the two groups. Also the

wide variety of personality traits, without one typical personality make-up, was a similar finding in the two groups. The personality inadequacies and the external stress seem to be essentially similar except that in the older age group the stress manifested itself differently, as would be expected in middle or older age. Just how much, is uncertain, but aging and its consequences undoubtedly influenced the outcome of treatment in this group of older alcoholics.

As brought out in the data presented there were differences in the abstinent group when compared with the group as a whole, however these differences were not to the point where they could be considered significant. The author felt that the abstinent group showed better personality organization, less rigidity, more energy, and as a result were better able to manage the stress factors in the environment which contributed to their problem.

Summary

1. A study has been made of 61 patients in whom alcohol became a problem at 45 years of age, or older.
2. A statistical review of hereditary and environmental factors is presented.
3. Hospital management has been briefly discussed.
4. Results of follow-up studies are reported, indicating that 11, or 18 per cent, became abstinent, and 16, or 26 per cent managed better, for a total of 44 per cent definitely benefited.

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